

## HEALTH DEPARTMENT LETTERHEAD

### COVID-19 (CORONAVIRUS DISEASE) QUARANTINE ORDER

You have been or are reasonably suspected of having been exposed to a person with Coronavirus disease 2019 (COVID-19) infection. Your exposure requires public health actions to prevent further spread of infection. COVID-19 is a respiratory virus that can cause illness including fever, cough, shortness of breath, chills, muscle pain, sore throat, new loss of taste or smell, or other symptoms listed here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>. In some patients COVID-19 causes severe illness and death. It is passed from person to person, including by coughing or sneezing.

On January 30, 2020, the World Health Organization declared COVID-19 a Public Health Emergency of International Concern. On January 31, 2020 the U.S. Department of Health and Human Services declared a public health emergency in the United States for COVID-19. On March 10, 2020, Governor Cooper declared a state of emergency in North Carolina due to COVID-19. On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. On March 13, 2020 the President of the United States declared that the COVID-19 pandemic in the United States constitutes a national emergency. Preventing the spread of COVID-19 is critical to protecting the public's health. The further spread of COVID-19 in the community could have severe public health consequences.

I, \_\_\_\_\_ (name), Health Director of \_\_\_\_\_ Local Health Department, pursuant to authority vested in me by North Carolina General Statute (G.S.) 130A-145, issue this quarantine order to \_\_\_\_\_ (Person's name) (DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_).

#### REQUIREMENTS OF THIS ORDER

You must comply with these control measures through \_\_\_\_/\_\_\_\_/\_\_\_\_ (or for 14 days after last possible exposure if there is further exposure).

During this time, you are required to *(The local health department will initial and check all that apply)*:

##### Restrictions of Movement:

\_\_\_\_ ☐ Remain at (address) \_\_\_\_\_.

\_\_\_\_ ☐ If you plan to move to a new address or leave the county, you are required to obtain approval from the \_\_\_\_\_ Local Health Department at ( ) \_\_\_\_ - \_\_\_\_.

##### Required Actions:

\_\_\_\_ ☐ Record your temperature and symptoms every 12 hours using the form provided.

\_\_\_\_ ☐ Report your temperature and symptoms 1 time per day to the local health department nurse by \_\_\_\_ AM / PM or immediately if temperature or symptoms develop, at ( ) \_\_\_\_ - \_\_\_\_.

\_\_\_\_ ☐ Keep a log of visitors to your address using the form provided. Notify any visitors of your quarantine status.

\_\_\_\_ ☐ Call a doctor or seek care if you have an urgent medical need. Before seeking medical care, call ahead and get instructions from the provider before arriving at the medical office, clinic or hospital. Notify them that you may have been exposed to COVID-19 so arrangements can be made, as necessary, to prevent transmission to others in the healthcare setting. Next notify the \_\_\_\_\_ Local Health Department at ( ) \_\_\_\_ - \_\_\_\_.

\_\_\_\_ ☐ If a medical emergency arises and you need to call 911, inform the First Responders that you may have been exposed to COVID-19. Next notify the \_\_\_\_\_ Local Health Department at ( ) \_\_\_\_ - \_\_\_\_.

\_\_\_\_ ☐ Other requirements: \_\_\_\_\_

Failure to comply with this order is a violation of G.S. 130A-145. If you fail to comply with this quarantine order, you may be subject to injunctive relief (G.S. 130A-18) or prosecution for a misdemeanor offense pursuant NC law (G.S. 130A-25) and punishable by up to two (2) years imprisonment. You may petition the Superior Court for review of the restriction of your freedom of movement contained in this quarantine order pursuant to G.S. 130A-145(d).

You have been properly informed and counseled by \_\_\_\_\_, R.N., Communicable Disease Nurse with the \_\_\_\_\_ Local Health Department regarding the control measures for COVID-19.

Your health and the health of our community are our top priorities. The staff of this Health Department remain available to provide assistance and counseling to you about COVID-19 and compliance with this quarantine order.

HEALTH DEPARTMENT LETTERHEAD

Local Health Director: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Issued by: \_\_\_\_\_ Time: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received the original copy of this order: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Patient Signature*